

**ASSURING FOOD AND NUTRITION SECURITY IN AFRICA BY 2020:  
Prioritizing Action, Strengthening Actors, and Facilitating Partnerships**  
April 1–3, 2004, Kampala, Uganda

**SUMMARY NOTE**

**CONFRONTING AIDS AND HUNGER IN AFRICA**

**Keynote Speaker:** *Alan Whiteside*, Director, Health Economics and HIV/AIDS Research Division (HEARD), South Africa

**Date:** April 2, 2004

This important conference continues for three days. There are two sessions on the program that specifically address the HIV/AIDS epidemic: this one on AIDS and hunger and one on Saturday morning ‘Fighting HIV/AIDS through Attitudinal Challenges: Experience from Uganda,’ a Keynote from the First Lady of Uganda.

Yet HIV/AIDS is the elephant in the room. It could, and should, form part of every session at the conference. The reason that it is causing havoc across much of our continent, and what ever the situation is now, it will get worse in the years ahead. Unless there is significant and sustained action we could **only be seeing the peak of impact by 2020**. This is a sobering and perhaps, for some, an unbelievable thought.

**The Scale of the Problem**

At the end of 2003, there were 40 million HIV infected people worldwide. It is estimated that 27 million were African, and of the 3 million deaths, about 80% occurred in Africa.

There are a number of distinct patterns in the epidemic. UNAIDS shows that in Southern Africa, adult prevalence (defined as those aged 15-49 who are infected) is the highest in the world, reaching over 35 % in Swaziland, Botswana, and parts of South Africa. In the rest of the sub-continent, prevalence ranges from 1% in Somalia to 12.9 % in the Central African Republic. In a number of countries we simply do not know what HIV prevalence is. The majority of African infections result from heterosexual intercourse, followed by mother to child transmission. In North Africa there is little evidence of an epidemic. There are signs of outbreaks among drug users, although sexual intercourse remains the dominant form of transmission. High levels of stigma and discrimination mean the epidemic may remain hidden. There is concern about levels of conflict, poverty and unemployment.

Currently antiretroviral therapy is only widely available in the high-income countries and Brazil. There are many global initiatives to make drugs accessible through the Global Fund for AIDS, Tuberculosis, and Malaria; the World Health Organization’s ‘3 x 5’ program (three million people on treatment by 2005); and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). However, it is unclear as to how quickly this can be done, especially in resource-poor settings.

**The Time Frame**

The epidemic is unique in many respects, but most important, and especially given the nature of this conference, is the time frame. HIV/AIDS is a long wave event as compared to other epidemics. The period between infection and illness means that the peak in mortality will not be seen until some years after HIV prevalence has peaked. The consequences of increased deaths take even longer to work through. The true toll cannot be estimated until the full evolution of the epidemic has been seen. It may be as long as 20 years before the world epidemic has peaked.

## ***Impact***

The effects of this disease will be dramatic and far-reaching. Key points are:

- There is no cure and treatment is currently inaccessible for most people, due to the cost and lack of health care staff; and
- Impact is felt through illness (morbidity) and deaths (mortality), and most of those who die will be young adults who have completed their education, started families and begun their working careers.

The impact of AIDS will be demographic, economic, and social. Demographic consequences are felt through increased mortality and decreased fertility. Only in the worst affected countries might population decrease. There will be a change in the population structure as young adults die. Infected women are less likely to fall pregnant and carry a child to term, and premature mortality means there will be fewer women of child-bearing age. This impacts on fertility. For Uganda the number of births was reduced by approximately 700,000 almost 5.9% of all births that would have occurred in the last two decades.

The increase in the number of orphans as a result of AIDS will have social and economic consequences. United Nations Children's Fund (UNICEF) estimates that by 2010, 20 million children in Africa will have lost one or both parents to HIV/AIDS.

The economic impact of the disease varies. At the household level, the consequences of illness or death of a member are severe (especially an adult). AIDS is particularly physically and psychologically debilitating. A survey of 700 households affected by HIV/AIDS in South Africa shows the impoverishing nature of the epidemic. It found:

- Two thirds reported loss of income;
- Half reported not having enough food, that their children were going hungry; and
- Almost a quarter of all children under 15 had already lost at least one parent.

## **Increased Nutritional Demand and Reduced Production**

For this conference looking at food and nutrition security, perhaps the two biggest issues are that being HIV infected and having AIDS increases the need for nutrition, including micronutrients. But equally we know that being sick makes it more difficult to produce food and work the land. There are indications that productivity begins to decline as much as 3 years before a person dies. In some households productive assets may be sold off and the accumulated knowledge is not passed on from generation to generation.

The little evidence we have suggests that AIDS causes a greater decline in production than other illness. We also know that, at present, it is not something people recover from. It is a major challenge facing this conference and deserves to be addressed. There are some data and the corpus of work is growing. We need food and agriculture specialists to engage with the issue.